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The Society of Catholic Medical Missionaries is a religious community of women founded in 1925 for the purpose of providing medical care to the sick in the foreign missions.

The Motherhouse and the Novitiate are located in Brookland, Washington, D. C.

At present the Society labors in India where the Sisters conduct hospitals, dispensaries, maternity and child-welfare centers, training schools for native nurses and midwives, and similar health activities. It is the purpose of the Society to send Medical Missionaries to any mission field of the world as soon as its numbers permit.

IN THIS ISSUE

PAGE

A MINIATURE HOSPITAL
By His Excellency, The Most Reverend Timothy J. Crowley, C.S.C., Ph.D., *Bishop of Dacca, Bengal, India* 71

APRIL MISSION INTENTION:
For the Missions of Africa Which Border on Mohammedan Territory
By Rev. Henrich Goertz 73

"IT'S SPRING AND I AM BLIND!"
By Sister M. Eleonore, S.C.M.M. 74

HIGH SPOTS ON A MISSION CRUISE
By Anna Dengel, S.C.M.M., M.D. 76

THE SOCIETY AT HOME 81

THE SOCIETY ABROAD 82

MEDICAL MISSION NOTES 84

IN OUR LIBRARY 85

ST. JOSEPH'S PAGE 87

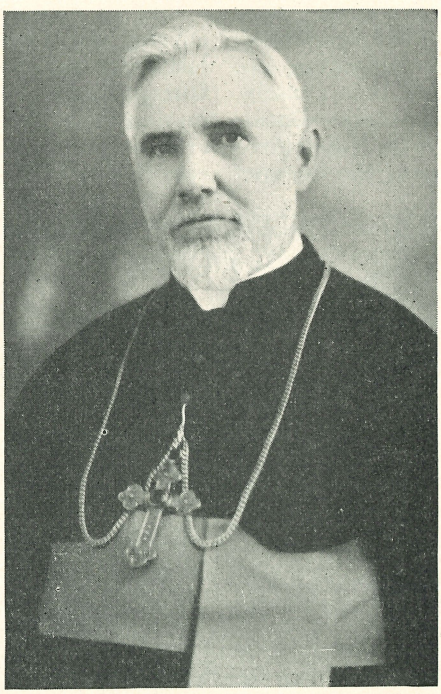
A Miniature Hospital

By

His Excellency, The Most Reverend Timothy J. Crowley, C.S.C., Ph.D.
Bishop of Dacca, Bengal, India

"WHAT are our children but our hearts moving before us on the ground, and if a breath of harm touches one of them, our eyes know naught of slumber all night long." This is a poetic expression of the affection of Indian parents for their children. The advent of a child, especially a boy, into the family is an event of glad significance. There is, however, less enthusiasm when the baby is a girl. At the announcement that a girl is born, there arises before the mental vision of the father the spectre of a large dowry to be given away at the girl's marriage, on the fourteenth anniversary of her birth. Hence the saying in the Bengali language, "Cursed is the father of a girl." The wise father, however, is discriminating enough to attribute the curse not to his infant daughter whom he genuinely loves, but to a social system heartily hated by him and by everybody, yet hugged as if it were an institution dear to all.

Another pathetic inconsistency, due to the incubus of traditional beliefs, is that the mother automatically becomes unclean on the happy occasion of the birth of her child. No member of the family may approach her. The privilege of attending the mother is reserved to an outcaste woman, an untouchable, who has no social status to lose. This is not simply an ancient custom, long forgotten. In Mr. Gandhi's up-to-date paper, the *Harijan,* June 19, 1937, one of the Mahatma's agents in the Uplift of the Untouchables reports a series of actual grievances, one of which reads as follows: "The wives of the Untouchables are paid only four *annas* (ten cents) for a male and two *annas* for a female child born in the houses of the caste Hindu villages where they have to work as midwives, and even these payments are not regularly made." These women, recruited from the homes of the leather-workers and sweepers, are illiterate. They possess no qualification except what they have learned from experience and superstitious traditions.



His Excellency, Most Rev. Timothy C. Crowley, C.S.C., Bishop of Dacca, Bengal, India.

Mr. Gandhi, the great Hindu reformer, pleads with his countrymen to free themselves, as he has done, from the servitude of caste oppression. He is grateful to the Christian missionaries for their educational and medical contributions to India, though he appeals to them to desist from Christianizing the people, even the Untouchables. The "Saint" fails to realize that a bad theology is the root cause of the social evils he would remove. But this is another matter.

Our Sisters in Dacca, especially the Sisters of the Society of Catholic Medical Missionaries, have done much to dignify the profession of nursing and child welfare. The profession is growing in popular esteem. The Medical Missionaries in charge of the Nursing Department of the Government Hospital in Dacca City accepted such candidates as had the courage to offer themselves for training five years ago. At present the Sisters have a long waiting list, though they have progressively raised the academic standard of admission to the regular four years' course in Nursing and Maternity Care. The two Medical Missionary Sisters who direct the Maternity and Child Welfare work in the city have by their personal example raised even to a greater extent in popular estimation the dignity of a profession that until recent times had so largely been the monopoly of the tanner and the sweeper woman. The genuine respect shown the Sisters reflects credit on the people of Dacca. This esteem was beautifully evidenced last September, when Sister Frances, who had labored in the city for five years, died of malignant malarial fever at the early age of 37 years. The Chief Magistrate of Dacca in expressing his sorrow on the death of Sister Frances observed that while her loss was "almost irreparable, we

have at least the inspiration of her life and services and of the very high standard of ability and devotion to duty with which she pursued her beneficent labors.'' The Magistrate who refers so feelingly to Sister's devotion to duty can never fully understand the extent of that devotion. The citizens of the lanes and by-lanes of the city understand a great deal more. But only God knows all. Shortly before her fatal illness, Sister Frances had been absent for three weeks from her work. On her return she told her Sister companion that she would never again take a holiday. She did not realize that her eternal rest was so near.

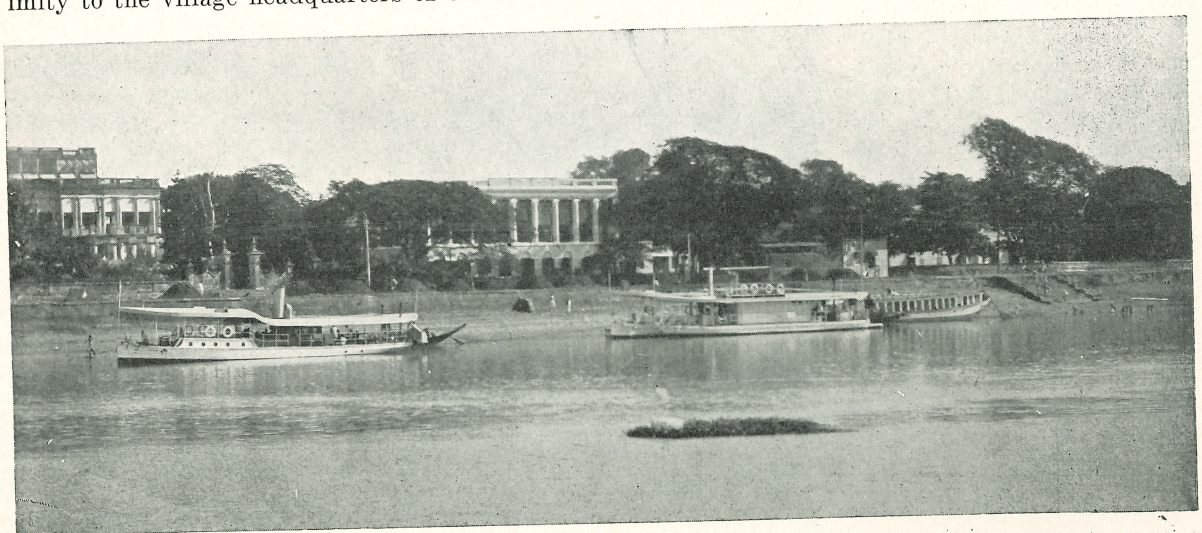
The American Sisters of Holy Cross, whose apostolate is among the crowded villages of the Dacca district, have founded a society of native young women recruited from former pupils of the Sisters' schools. The organization of this native sisterhood is based largely on that of the Medical Missionary Sisters, whose lives in Dacca City so admirably exemplify their rule. Though the native organization, the Associates of Mary, Queen of Apostles, has been in existence only for the past four years, the community has ten of its members pursuing the regular course in Nursing and Child Welfare conducted by the Medical Missionaries in their Holy Family Hospital, Rawalpindi, North India. Next year five more Associates of Mary will, we hope, qualify for admission to the course in Holy Family Hospital.

There is nothing novel in this fine traditional spirit of cooperation among our Sisters in the Mission. Within a year or two these daughters of India will return to their native Bengal and place their professional skill at the service of their own people.

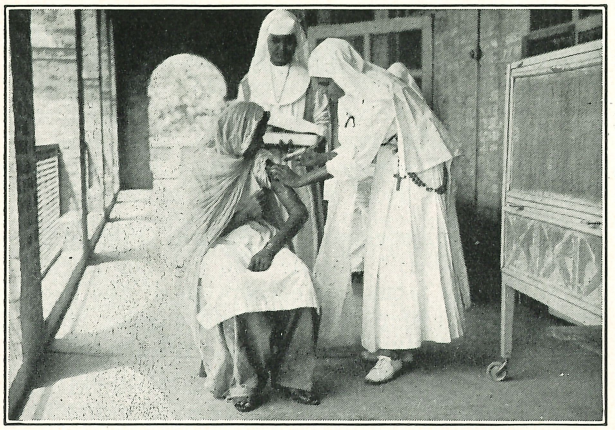
The Sisters of Holy Cross work in a densely populated centre about 25 miles from Dacca City. Some 10,000 Catholics live in close proximity to the village headquarters of the Sisters. They minister annually to more than 20,000 patients at their dispensary and in house-to-house visits. This medical apostolate, especially in the villages, is a sort of Fifth Gospel making objective and understandable to the dullest peasant the religion taught by the evangelists. When even Our Lord's preaching failed to convert His obstinate hearers, His final appeal was to His works. ''If I do not the works of My Father, believe Me not. But if I do, though you will not believe Me, believe the works'' (John x:38). And the Holy Father has recently urged that the Gospel be preached to unbelievers ''through works showing forth the Charity of Christ.''

To develop further this Christ-like apostolate, so richly blessed by the Church, the Mission contemplates to construct a Miniature Hospital and nursery where women and children in sickness may be sheltered and treated. The hospital patients would be cared for by the native Sisters under the supervision of an American Sister physician. This would be the only village hospital within the territory of the Dacca Mission, which has a population above 12,000,000 people, 90 per cent of whom live in villages.

The Mission does not dream of a hospital in the sense understood in America, as to building, furniture, and equipment. Our ideal would be just a commodious shed, with a roof of corrugated zinc, supported by wooden posts. The walls would be of bamboo matting, but the floor, for reasons of cleanliness, should be cemented. As people in their homes sleep on mats spread on the floor, the item for furniture of the hospital would be negligible. Not so, however, the recurring cost of medicines and food. But these last items are not now pressing for solution. Our patients will be satisfied with little, being unused to costly treatment in their homes. They are not drug addicts. Often the simplest medicine reacts wonderfully, but often also its effects



The Government Hospital in Dacca where the Medical Missionaries have charge of the Nursing and Training Schools.



Native Sisters pursuing the regular course in Nursing and Child Welfare in Holy Family Hospital, Rawalpindi.

are neutralized by lack of proper diet, rest, and nursing, impossible in the homes of the poor. The Miniature Hospital will afford the Associates of Mary an excellent laboratory in which to exercise their skill and charity.

Message to Our Benefactors

As we have recently received letters stating that cash, either as a donation or for a subscription to THE MEDICAL MISSIONARY was enclosed and the aforesaid money was missing from the envelope, we wish to ask our readers to take precaution in this matter.

We always write letters of thanks to all who contribute to our work, and, therefore, if you do not hear from us, let us know, so that we can trace your letter.

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April Mission Intention

For the Missions of Africa Which Border on Mohammedan Territory

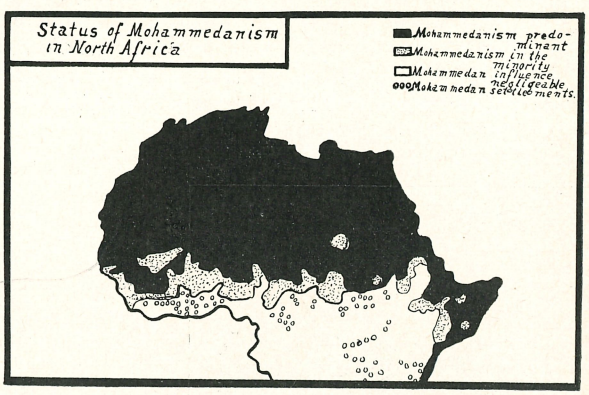
A philosopher called Islamism "the younger but less successful brother of Christianity." Is that true? Statistics and facts relate the great success of the Mohammedan religion.

Islamism is today a world religion. Its influence reaches from the deserts of Africa to the steppes of interior Asia. Its mosques are standing in north Africa, Persia, India, Dutch Indies, China—yes, even Japan has within the past two years erected its mosques. Islamic dreamers in Japan dream about a Mohammedan empire with Tokyo as the capital.

Two hundred and seventy million people confess the creed of the Meccan prophet.

I think we must speak about the great success of the Islam religion. The work "less" does not fit in the sentence of the philosopher.

The influence of Islamism is especially strong in Africa, and seems to grow ever stronger. African missionaries tell us in their reports again and again about the difficulties which they encounter because of Islamism. To have Mohammedans as frontier neighbors is not pleasant. There can never be peace or fellowship between the Prophet of Nazareth, who was more than a prophet, and the prophet of Mecca, who was a wonderfully sly mixer of religious thoughts.



These two will some day meet in a frightful battle. Some say the stage of this tragic battle will be Africa. We hope that ere that day dawns, African Christianity will be strong enough to confront Islamism.

That our hope may be fulfilled, let us pray this month according to the intention of the Holy Father!—REV. HEINRICH GOERTZ.

"It's Spring And I Am Blind!"

By

Sister M. Eleonore, S.C.M.M.

IF THE originator of the "Tested Selling Sentences" would extend his activities to the Orient, Elmer Wheeler might not only increase the daily income of a blind man by having him wear the above sign, but the pathetic picture of the thousands who have lost their sight would even more arouse the compassion of the Western World and prompt Christian charity to bring relief.

"There is no sadder sight in China today," wrote Col. E. H. Eliott, "than the collection of suffering humanity which gathers at every hospital clinic, and which always includes a number of patients who might easily have been cured, had they been able to secure proper attention in time, but upon whom those terrible words 'too late' have now to be pronounced."

A great "Blindness Belt" extends from China and India across Persia and the Near East into Turkey and Egypt.

According to the last census, there are 480,000 totally blind persons in India. However, these official statistics are notoriously defective and further investigation gave reason to suppose that India alone counts more than 1,500,000 persons who are totally blind, to say nothing of the much greater number who have partially or even nearly lost their sight and who are therefore greatly handicapped. According to the Calcutta *Medical Journal,* 38 per cent of the cases of blindness were absolutely preventable. The same journal states that in 1932, in the whole of India, 2,228,520 cases of partial and total blindness could have been prevented if sufficient medical aid had been available.

Miriam, a Bengali maiden, leading her blind father to the Hospital for treatment.

A former physician of the Madras Ophthalmic Hospital writes: "No one who has not worked in India can form any conception of the enormous amount of preventable and curable blindness which is laying its shadow over the health, happiness, and usefulness of this great portion of the empire."

Trachoma, or granulated ophthalmia, is probably the most common cause of eye trouble in India and China. Not only a large number of people are blind from this disease but a still greater number suffer from poor vision as a sequel to it. Those familiar with the subject admit the influence of trachoma as a cause of human misery, suffering, and blindness, as well as incurring great economic losses to the family and nation.

The prevalence of this disease in China has been noted ever since western medicine was introduced into that country. It is found all over the land, especially in the north where the climate is dry and dust storms common. At least one-third of the whole population is said to be suffering from it, and in the Chinese *Medical Journal* of October, 1936, it is stated that trachoma causes over 50 per cent of all cases of blindness and that it is more responsible, directly and indirectly, for economic loss to the country than any other single factor.

Trachoma is a very infectious disease and affects first the inner lining of the eyelids. From there the inflammation may spread to the eyeball, causing ulceration and scar-tissue formation of the outer coats of the eye. Especially when the area in front of the pupil, the cornea, is involved, the resulting opacities obliterate the field of vision and blindness results.

Trachoma is highly contagious through the secretions from the affected eye. It will spread rapidly by the use of common towels and wash basins, especially among those living in crowded quarters with scanty regard for the elementary principles of hygiene.

Judging from ancient classical books, trachoma must have existed in China at least since the Emperor Huang Ti (2679 B. C.), although the first description of the disease appears only during the Tang dynasty (729 A. D.).

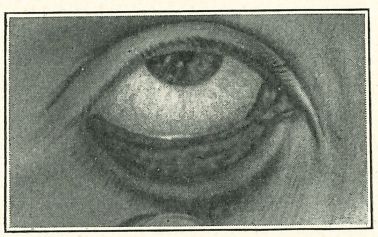
It is hard to understand why the Chinese would have allowed trachoma to cause so many ravages during all these centuries without doing something about it. As a matter of fact they did have some native "remedies." Chinese ophthalmology is, however, largely based on Indian medicine which ascribes the etiology of eye

diseases mostly to internal causes. The treatment advised in the ancient Chinese books may therefore be considered as more or less useless in the light of modern medicine.

As in many other instances, the vicious circle of ignorance, poverty, and apathy is active there and stands as a stumbling block in the way of prevention and progress. Yet, with adequate treatment, trachoma need not cause the loss of a single eye.

Another frequent cause of blindness is cataract. This condition is exceptionally common in India; the Punjab is supposed to have the highest incidence of cataract.

Feeling the need for some special instruction and practical experience in the operative treatment of eye diseases, and especially cataract, one



Trachoma is a very infectious disease and affects first the inner lining of the eyelids.

of our Sisters went once for a few weeks to the village of Moga, where Dr. Mutthra Das Pahwa conducts a clinic for eye disease. Moga is a veritable Mecca for sufferers from cataract. Although precautions for asepsis there may not compare well with the ritual of operating-room technique at home, cases of infection are rare and the ultimate results seem to be splendid. This has attracted patients from far and wide, so that Mutthra Das alone is now doing from six to seven thousand operations for cataract annually.

The situation must be similar to that which Dr. Harold Balme relates in his book, "China and Modern Medicine": "A Chinese patient suffering from cataract was successfully treated. After some time there came from this patient's village a procession of seven blind men, walking one behind the other, each touching the shoulder of the one in front. They had tramped in this fashion across the mountains for many days in hope of a similar cure. In truth, 'the blind leading the blind.'"

There are few incidences where surgery effects such dramatic results as in the operative treatment of cataract, where the excision of an opaque lens restores sight to an eye that has been blind for years. It is here that the missionary value of medical work becomes obvious. Much confidence is gained by such eye work and the way for many a missionary enterprise was opened, as the late Dr. A. Neve of Kashmir once so well expressed it, "by the point of a cataract knife."

Besides other specific eye diseases which may cause blindness, sight is also often lost as a sequel to various infections which have been allowed to go on untreated. In some countries superstition and ignorance prevent a mother from separating the lids of her child's badly inflamed eyes. Many a child has lost its sight during an attack of measles or smallpox simply because there was no one at hand with the necessary knowledge and skill, or the requisite sense of responsibility.

When Dr. Thomas R. Colledge first went to China, it was the pathetic helplessness of the blind, "the old man tapping his way along with his stick, the profession of beggars guiding one another's footsteps, the children clinging to the shadows to avoid the painful glare of the strong eastern sun," which most affected him and which induced him to found in 1827 the first institute for bringing the benefits of western medicine to the suffering Chinese, the Macao Ophthalmic Hospital.

Here and there missionaries are at work to bring effective help to the poor sufferers of eye diseases. The Polish Lasarists have a very fine eye hospital in their Chinese vicarate of Shuntehfu, but even this is as nothing compared to the need.

The modern development of science has given us many potential aids to help the sick and infirm. Christ healed the blind miraculously and gave His first disciples this same power. It is altogether in the line of divine economy to replace the charismata by the knowledge which natural science now places at our disposal. It is the task of the medical missionary to use them as a means to replace the darkness of paganism by the light of Christ.

Treating eye cases at the Health Center in Dacca, Bengal, India.

High Spots on a Mission Cruise

By

ANNA DENGEL, S.C.M.M., M.D.

Penang

ON March the ninth, the *S.S. Reliance* laid anchor outside Penang, a picturesque island on the west coast of the Malay Peninsula. It is part of the British Crown Colony of the Straits Settlements. The landscape is very similar to that of Ceylon; there are palms and verdure everywhere.

As it was my plan to separate from the party and travel to Siam overland, in order to have more time there, I took a rickshaw to the Siamese Consulate at once after landing. I found it still closed, however, and therefore took a ride through the bazaar and the town. It was a clean and tidy place. Of the variety of nationalities in evidence, Malays and Chinese seemed to predominate. The rickshaw coolie took me to a Chinese temple in a congested part of the city. To my surprise it was guarded by a Sikh whose religion is far removed from Confucianism. The Snake Temple and the stately Ayer Itam were too far away to reach in the short time at my disposal.

At 9 a. m. I was at the Consulate again and obtained satisfactory information and the Siamese visa. The Bangkok Express goes only twice a week; I was lucky to be able to leave the day of my arrival, as otherwise my going overland would not have saved much time. Half an hour's trip in a ferry took me to the railway station of Prae on the peninsula. I took a second-class ticket, which for a 22-hour journey cost about $25. I had two seats to myself. For the night, opposite seats are pushed together and a thin mattress, a sheet, and a pillow are provided; also curtains if desired. In the dining car both European and native foods were served at a very reasonable rate. The train was rather crowded. In the same compartment with me was a Sikh family who were returning from a visit to their home in India. They spoke Punjabi, in which I was able to converse with them. The children were very lively; one little girl of about nine or ten years even played cards with her father, which would be an unusual sight in India. The father, a big, handsome, bearded Sikh, told me that he was a cloth merchant in Bangkok. He said that 90 per cent of textile imports and many other items, too, were from Japan, and that business was not so flourishing as formerly since the gold standard had been adopted in Siam.

There were also two Japanese boys in the compartment. They were well groomed; I noticed their neat luggage; very much like that of well-to-do people in the western hemisphere. Opposite me was a very good-looking Chinese girl whose smoking capacity was as great as any man's. She also had attractive belongings, even an impermeable bag for her toilet articles.

The railway conductor was an Indian from the Malabar Coast; he was a well-informed man, spoke English perfectly, and was a Catholic. Between punching tickets and performing other duties, he sat near me and seemingly enjoyed being bombarded with questions. He painted a rather rosy picture of Malay. He said that in proportion to its size it was the most productive of England's overseas possessions, the two great riches being tin and rubber. Of the former I did not see anything, but we traveled for hours and hours through rubber forests, which is not surprising considering that 3,000,000 acres are under plantation and 400,000 tons of rubber are exported yearly. The conductor told me that the tapping of trees was under government control and restricted in order to prevent overproduction. When a tree is about six or seven years old it can be tapped. A spiral incision is made and the liquid collected in pails in which it is taken to the factory where it is rolled out into flat-shaped pieces, smoked, and shipped. It is also possible to transport it in liquid form. The life of a tree is about 30 years. The rubber industry is subject to drastic fluctuations which cause great hardships. The latter, however, are greater among the foreign owners than among the native laborers, as they live very simply and frugally. Their stilted houses amidst palm and banana trees are of bamboo and covered with palm leaves. Not much clothing is needed, as the climate is hot and moist. Food grows easily and tapioca seems plentiful. It is a very graceful plant and very useful, too. Only the root is used, which is either boiled as a whole or ground into flour. It is nourishing but less so than wheat. The planting is much less troublesome than rice; when the root is cut off, the stalk is simply put in the earth again and it grows.

I did not see a single church along the way. The people are mostly Mohammedan but not fanatical, I was told. The women do not observe purdah. The conductor mentioned that the Malays have not many children, the average being three, whilst the Chinese have many, eight or ten not being an exception. Divorce is very common, he said. According to law, a man must support his wife for three months after divorce, but then responsibility ceases.

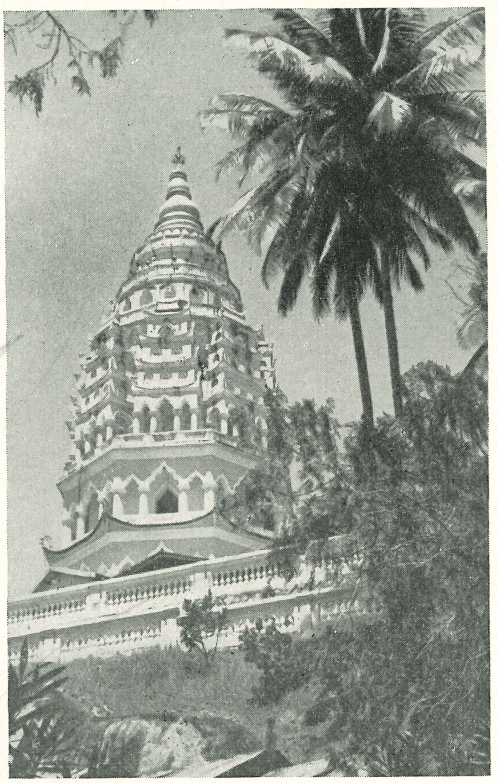
On health problems the conductor could not

give me much information, except, of course, that malaria was prevalent. I learned later that in Malay malaria is complicated by pneumonia more frequently than is ordinarily the case, owing no doubt to the climate. Dysentery, typhoid, also typhus, hookworm, beriberi, tropical ulcer, and trachoma occur, as is to be expected. A peculiar variety of fever called "latak fever" is said to occur in Malay. It forces the victim to mimic the people about him.

The railway stations we passed were all extremely clean and modern, but they were few and far between. It was evident that the country is not densely populated. On the whole peninsula, including the Straits Settlements, the Federated and Un-federated Malay States, there are only about 4,500,000 inhabitants.

Siam—The Land of White Elephants

At the frontier of Siam, Padang Besar, we had a long halt in the dusk of the evening, which gave us a chance to walk around. I inspected a market place close by and bought a dozen bananas for ten *satang* (five cents). They were delicious. The night in the train was hot but otherwise comfortable. Looking out the window early in the morning, I saw a saffron-clad monk, which made me aware that we were in a different country, although the landscape was the same. In the plains, in areas not covered with forests or rubber plantations, there were rice fields. The harvest was almost over in the southern section; only in isolated places the farmers were still gathering it in. It is cut off near the ground and then tied into sheaves, which are attached to both ends of a pole, and thus the men carry it on their shoulders to the threshing place. The rice sheaves look very picturesque. Further north I saw the planting of rice. In many places there were delicately green patches of nursery beds near the house. Whilst the seedlings grow and wax strong, the fields are prepared by deep plowing with the help of clumsy water buffaloes. The rice plants are put in one by one, a very painstaking process (some varieties of rice can be sown broadcast). The weeding also has to be thorough. The rice growers literally earn their daily ration at the sweat of their brow. They say that one person needs about 12 pounds of rice a week. Rice is nine-tenths of the wealth of the country and the staple food of the people who eat it twice a day, year in and year out. I had fried rice in the train; it was very tastily flavored and truly delicious. Cucumbers and chilies were served with it; the latter were extremely hot. Fortunately, the waiter drew my attention to the Siamese beer on the list. I ordered a bottle and enjoyed it very much. It cost 45 *satang* (22½ cents).



Ayer Itam Temple in Penang.

Bangkok—The Venice of the East

I arrived in Bangkok about 10 a. m. on March 10. I first had to go to the immigration department, from which I was sent to the head police station. The former was swarming with Chinamen applying or calling for their immigration papers and paying their admission tax. Whilst waiting, I had the opportunity of conversing with one of the police officials. As I had read a whole chapter on Siamese prisons in one of Pierre Loti's books, I availed myself of the opportunity to get first-hand information. The official said that crimes were severely punished; that criminals were chained and that murder was dealt with capital punishment. The method used was shooting; formerly it had been decapitation. He said that in his opinion decapitation was less cruel than the electric chair, because the latter did not produce instantaneous death at times. He also mentioned that revision of prison regulations was under consideration.

After having explained the reason of my visit and being duly registered, I was allowed to go about my business. A young police officer who had been educated at the Cathedral School kindly escorted me to the Bishop's house. Bishop Perros received me most graciously and then looked at my card, after which he greeted me warmly once more. He belongs to the Paris Foreign Mission Society, and is a small, thin, energetic, venerable old mission Bishop who has labored 44 years in Siam and who has already celebrated his episcopal silver jubilee. He said

Postulants, Novices and Professed Sisters of "The Lovers of the Cross."

A Siamese Sister of St. Paul de Chartres

Their stilted houses amidst palm and banana trees are of bamboo and covered with palm leaves.

that he was glad that I had come, and after half an hour's pleasant and instructive conversation he asked me to go to Xieng-Mai in northern Siam, where he intended to start a medical mission. I agreed at once and made plans accordingly. His Lordship very kindly asked the Sisters of St. Paul de Chartres of St. Louis Hospital to put me up. After a refreshing meal there, Reverend Mother M. Melanie put a car at my disposal and sent a Siamese Sister with me to visit the Ursuline School of Mater Dei, which is very large and up-to-date. Everything was all hustle and bustle there, being the eve of the commencement, Bangkok's hot season just then beginning. The School is now nine years in existence and had the honor of having the little King for three years as a pupil in the kindergarten. From there we went to the big new Convent of the Siamese Sisters, "The Lovers of the Cross," originally founded by a Father of the Paris Foreign Mission in Saigon, Indo-China. Three Sisters of St. Paul de Chartres are in charge of the religious formation and training. Vocations seem numerous. The day of my visit thirty-six candidates were out for government examinations. They are not allowed to teach in schools without a diploma. The Sisters go to the villages in groups; one teaches school, another cooks for the Fathers and the Sisters and does other work in connection with the parish household and the sacristy. They all dress in black; the novices wear a white veil, the professed Sisters black with a white band. The dress is sensibly simple, and they wear a crucifix. They make vows for one year. The Mother Superior said that the majority persevered and that they are very good. All the work of the establishment without exception is done by the Sisters, even the milking and attending the cows, the garden, etc. There is not a single employed person on the premises. The income has to come from their work. They have a large sewing room and make all kinds of dresses and needlework which they sell. It is their only income.

There is a nursery in connection with their Motherhouse and Novitiate which gives the young Sisters the opportunity to learn to take care of babies. It was lovely to watch the young native *khms* (Sisters) sit on the ground in true native fashion and play with the children. I watched one young *khm* feeding a little baby with great dexterity. The *khms* do not wear shoes in the house. They preserve as much as possible the customs of the country.

The following day I went to Mass in the hospital chapel at 5.30 a. m. After breakfast Reverend Mother took me around the hospital. The rooms were large and airy and were occupied partly by white people and partly by orientals. They are fortunate in having a fine X-ray plant.

I met several Siamese, Chinese, and Filipino

Sisters. One Siamese Sister at the hospital has an interesting history. She was stolen by a princess when a little girl and brought up by her. From childhood she had the desire to become a bonzess but then met the nuns, became a Catholic, asked for admission to the Community, was accepted, and trained as a nurse.

Returning from the rounds, two rickshaws were already waiting, one for the Sister whom Reverend Mother had kindly designated to be my guide, and one for me. Our first call was on the Superioress of the big girls' college of St. Joseph, conducted by the Sisters of St. Paul de Chartres, and our second to the hospital donated by a Siamese Queen. I was very much interested in the remarkably well thought-out dispensary, which recently had been added to the old building. The hospital was staffed entirely by Siamese doctors. The chief of the staff kindly escorted us. I noticed that all the beds were provided with mosquito nets—which tells a tale. In one of the large wards, the doctor drew our attention to patches of gold paint on the wooden mosquito-net frames. He said that patients who recover paint them on to point out to future occupants that it is a lucky bed. Some beds had a lot of gold dabs. The doctor told me that the ordinary tropical diseases occur in Siam and that malaria was the biggest health problem. No doubt the six million acres of rice fields, with their stagnant water, are accountable for that. Dysentery, tuberculosis, beriberi, and urinary calculus claim a good number of victims; the latter probably owing to much loss of water through the skin and a rich mineral content of the water supply. I asked the doctor if osteomalacia occurred; he said no.

Our next visit was to a little nursery entirely in charge of the Sisters of the Lovers of the Cross. The children were of the poorest of the poor. On our way home we drove through the city of Bangkok, passed glittering pagodas, canals teeming with traffic, and the colorful life of the streets. I was tempted to stop here and there, but I had to reserve that for later because I was due at the station at 6 p. m. to start out for northern Siam. To my surprise, His Excellency and two Ursuline Nuns were there to see me off. Also a police official. I was well guarded!

The twenty-hour journey was quite interesting, although the scenery repeats itself very much: rice fields at first, canals, villages, and further north abrupt rocky hills darting out of the ground, ranges of mountains in the distance, and woods everywhere. There are teak and bamboo and many other kinds of trees. In several places I saw something like tennis balls hanging from the branches; I was told that they contain a kind of cotton similar to the pods of the cotton plants. In some places there were teak logs in the stream on their way to the mills. As they are often held up by obstacles, it frequently takes from one to two years to reach

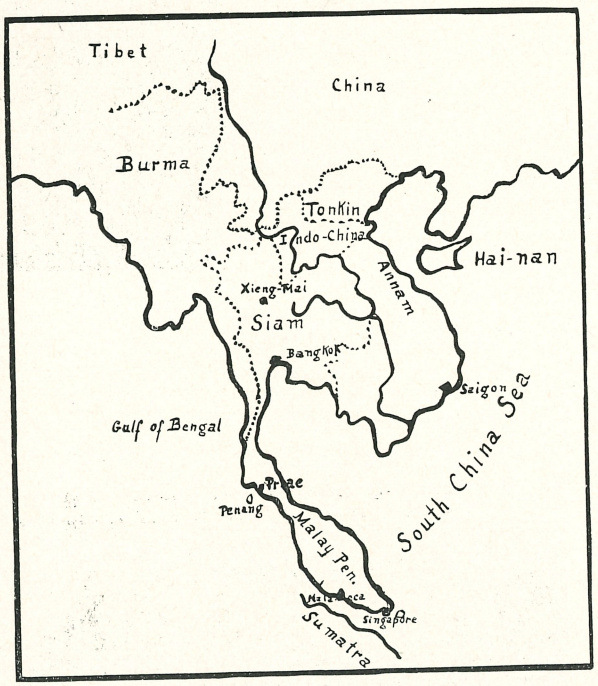
I met three Siamese student nurses on the compound.

Bishop Perros belongs to the Paris Foreign Mission Society and has labored forty-four years in Siam.

Our next visit was to a little nursery entirely in charge of the Sisters of "The Lovers of the Cross."

their destination. Elephants, who are said to have an extraordinary knack of disentangling log jams, are employed for that purpose. Next to rice, teak is the most important export of Siam.

My traveling companions were mostly Siamese who seemed refined people. The servant who brought trays or provided other needs passed through the compartment only in a deeply stooped posture. When I asked an explanation of this later, I was told that it was and still is the Siamese custom for all inferiors to approach their superiors in a deeply bowed attitude and that it is not so long ago that courtiers had to approach the King crawling. In the dining car I met a lady from California who was on a world tour all alone. Everything was arranged for her by Cooks. There I also chanced upon a young German couple who had become Mohammedans and who were traveling from country to country in the East making propaganda for Islam. They were being received by the followers of the Prophet wherever they went. Their plan was to walk from Siam to China. They were very poor and had to depend on newly made friends to get from place to place.



Map of Siam and Burma which shows the principal cities mentioned in Dr. Dengel's Mission Cruise.

Xieng-Mai

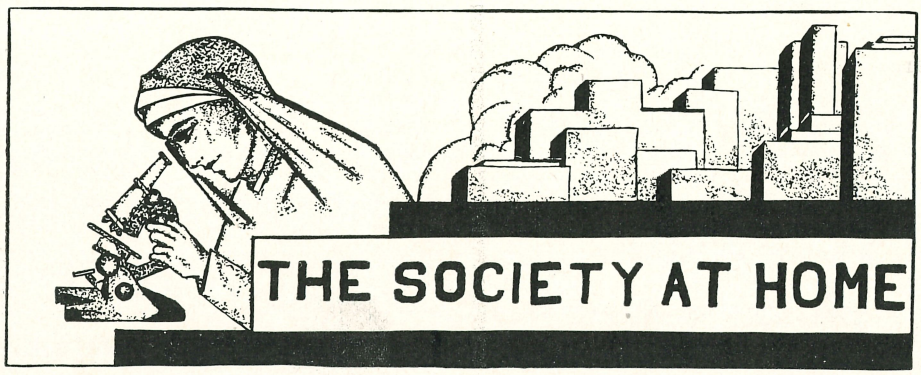
At 2.30 p. m. I arrived in Xieng-Mai, which is the terminus of the Siamese railway. Reverend Father Meunier and Brother Simeon met me in their "tin Lizzie" bequeathed to the Mission by a French Consul at his departure. Father drove at top speed, unconscious of ruts and bumps, so much so that I had visions of finding an early grave on Siamese soil. In the rectory I had the privilege of meeting three Annamite Priests, who all spoke French fluently. From there Father drove me to the Ursuline Convent, where Reverend Mother, a Yugoslavian, gave me a hearty welcome. After a little refreshment, "Lizzie's" horn tooted, which meant off again!

First we visited the remarkably fine Montfort College and met the Brothers, and then drove through the old Lao capital of 28,000 souls. It is a mixture of old and new. The old city is surrounded by heavy walls, which are crumbling. The houses within the enclosure are very close together, nestling amongst palm and banana trees. The people looked very clean. In the newer section there was pointed out to me a new Courthouse and the residence of the Lao King, whose nieces go to the convent school. The new pagoda must have cost a considerable sum, which shows that the people are willing to make sacrifices for their religion. What amazed me most of all was the large complex of buildings of the Protestant mission in the outskirts of the city; a very fine church, beautiful school buildings, attractive residences for the teachers, and a very up-to-date hospital. I met three Siamese student nurses on the compound; they were as neat and alert as nurses in any American training school. This mission is already about thirty years in existence. American missionaries are said to have been the first to introduce modern medicine into Siam. It is admirable and stimulating to see the far-flung medical mission work of the Protestant organizations.

On the way home we stopped in the bazaar to see something of native life and the handicraft of the people. I saw very pretty and cheap silver bowls and finely carved coconut shells, and I bought some photos depicting the tribespeople of northern Siam and Burma in their picturesque costumes.

That evening the Ursuline Nuns admitted me into their family circle at recreation, which was a great treat. With the chapel in the house, and being in a convent, I felt as much at home that night in northern Siam as if I were in Brookland, D. C.

(To be continued)



Farewell!

Just as the Lenten season began, the joyous sound of the mission bell peeled forth its jubilant message that two more medical missionaries were about to depart for active work on the field. The two favored ones are Dr. Helen Lalinsky, S.C.M.M., of Canton, Ohio, and Sister M. Bernard, S.C.M.M., of London, England.

Dr. Lalinsky entered the community in 1927 and, after her religious profession, took up premedical studies at Trinity College in Washington, D. C. In 1932 she entered Woman's Medical College, Philadelphia, and while there was elected to the Alpha Omega Alpha Medical Association for outstanding scholarship. After receiving her degree of doctor of medicine, she interned at Misericordia Hospital, Philadelphia. Since September, 1937, she has been furthering her studies in the surgical and gynecological departments at Georgetown University Hospital in Washington. Dr. Lalinsky is assigned to Holy Family Hospital, Rawalpindi, India.

Sister Bernard was educated at the Ursuline Convent in London, England, and after her postulate at the Medical Mission House in that city, came to Washington for her Novitiate. She made her religious profession in August, 1937, and is now assigned to the Medical Mission House in London.

The Departure Ceremony

Both Sisters renewed their Mission Oaths at the departure ceremony held in the Motherhouse Chapel on March 1. The Rev. Francis P. Goodall, C.S.C., Superior of the Foreign Mission Seminary of Holy Cross, preached the sermon, in which he pointed out the great need of more medical missionaries, particularly in India, where he himself spent several years in the Holy Cross Missions. Father Goodall said that it was not a penance but a choice privilege to be sent to the foreign mission fields—that those who were really doing the penance were the Sisters who remained at home, behind the lines, so that the Sisters on the field might carry on the work.

Sr. M. Bernard (left) and Dr. Helen Lalinsky (right) on their way to the Missions.

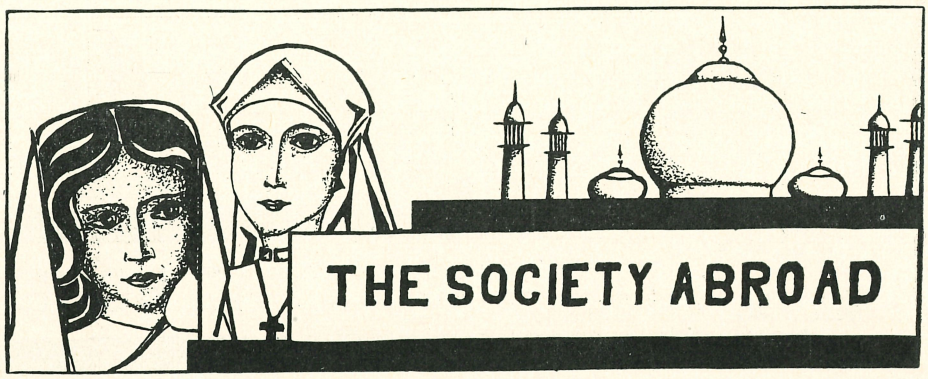
The Berengaria Fire

The Sisters were booked to sail on the S.S. *Berengaria;* in fact, slept on the boat the night before it was scheduled to sail. They slept so well that when they left their cabin in the morning and strolled out on deck they could not quite understand why *helmeted* firemen were "washing the decks" and excited crowds were gathered here and there. In time they heard that there had been a big fire on the boat during the night. The result was that the *Berengaria* had to leave without passengers, so the Sisters were obliged to transfer to the *Queen Mary,* which gave them an unexpected week in New York.

Distinguished Visitors

On the last Sunday of February we had the pleasure of a visit from Very Rev. Francis N. Loesch, S.J., Superior of the Jesuit Mission of Patna, India. In simple, realistic word-pictures Father portrayed for us a little of the history of the Patna Mission, the remarkable harvest of souls already gained, and the vast scope of work still to be accomplished.

Reverend Mother M. Vincentia, C.S.C., the Superior General of the Holy Cross Sisters, St. Mary's, Indiana, recently paid us a very pleasant surprise visit. Mother Vincentia was in Washington to visit houses of her Community and to see the new building of Dunbarton College.



England

Address: Medical Mission House
98 Thornbury Road
Osterley, Middlesex, England

Cardinal Hinsley's Reception for the Sisters of the Archdiocese

SISTER M. ELIZABETH, S.C.M.M.

If on February 17 you had been perched on the top of the tower of Westminster Cathedral with field glasses in hand, you would have seen a strange procession: Sisters coming from all points of the compass but making for one goal—the Archbishop's House, Westminster.

Shortly before 3:30 o'clock all were assembled, eagerly awaiting the appearance of the Archbishop. Very promptly at the appointed time, His Eminence, attended by Monsignor Elwes, took his seat in the large reception room. The Reverend Mother of the Sisters of the Holy Childhood came forward and read a little address congratulating His Eminence on his new dignities. Reverend Mother told Cardinal Hinsley that his daughters of the Archdiocese believed that he had been raised to the Cardinalate, not, as His Eminence had publicly stated, because of the Holy Father's love for England, but because of Cardinal Hinsley's great work in organizing Catholic Action and in working for the Catholic schools. His Eminence denied this and insisted that it was on account of the Holy Father's love for England. "For," said the Cardinal, "the Holy Father told me so himself, and I think you should believe him. He told me so when he embraced me." The Cardinal leaned forward with a little confidential smile and said, "You know he did embrace me. Yes, he kissed me on both cheeks."

After that, His Eminence begged for our prayers for the many needs of the Archdiocese, and then he gave us the Papal blessing. He insisted that all the Sisters stop for tea before leaving. When he finished speaking, all went up to kiss his ring. When we told him who we were, Cardinal Hinsley said, "Yes, yes, I know the medical missionaries. I must go out and see you." So we are living in anticipation.

Rawalpindi

Address Holy Family Hospital
Murree Road
Rawalpindi, Punjab, India

Why Medical Missionaries Become Gray

(Conversation overheard in the out-patient department of Holy Family Hospital:)

"Take one teaspoonful of this medicine three times a day, before meals, in a little water."

"*Achchha* (meaning 'yes,' 'good,' or most anything), Sister ji! How did you say to take it?"

"One teaspoonful three times a day, before meals, in a little water."

"*Achchha!* A large spoonful or a small one?"

"Small."

"In water?"

"Yes."

"Did you say hot or cold water?"

"Cold water."

"I never drink cold water. It makes me cough."

"Well, then, use warm water."

"But you said cold. If I use hot water, will there be any harm done?"

"No, that will be all right."

"*Achchha,* Miss *Sahib,* Salaam!"

"Salaam, *bibiji* (Madame to you)."

"The time, did you say before meals?"

"Yes, *bibiji,* before."

"In about how much water?"

"About a *chattank* (two ounces).

"How many times a day?"

"Three times a day."
"Before meals?"
"Yes, *bibi.*"
"But I eat only twice a day."
(Enters the Sister Doctor.)

"Sister, I gave full directions to that patient 20 times as to the taking of her medicine."
"No, no, Doctor ji, only three. Salaam ji."
"Salaam *bibi.*"
"Did you say a small spoonful or a large?"

Dacca

Address: Sister M. Helen, S.C.M.M.
Mitford Hospital
Dacca, Bengal, India

Cats and Dogs

SISTER M. HELEN, S.C.M.M., R.N.

[*Sister Helen is the nursing supervisor of the 450-bed Municipal Hospital at Dacca.*—EDITOR.]

India has not only its masses of starving humanity, but also its hordes of starving animals. Most of the horses and cows are lanky, raw-boned creatures, and hundreds of mangy, half-starved dogs and cats roam about the streets and alleys of the towns and villages. The Hindus will not kill animals, and one is considered cruel if one even suggests putting a diseased dog or cat out of its misery. It does not seem to worry them in the least, however, to see an animal die from starvation or disease.

Here in Dacca the hospital is not only a haven for sick and suffering human beings, but for cats and dogs as well. All the stray cats and dogs from the bazaar seem to find their way here, and once they come they are permanent boarders. The patients feed them their left-over rice, but not content with that, the cats often jump up on the patients' bedside tables and steal the food of helpless patients when the nurse is busy elsewhere. The up-patients take their food squatting on the floor, and it is not uncommon to see a cat eating from the same dish with the patient. In fact, one Sister said she saw seven cats once sitting around one patient sharing her curry and rice. Perhaps this same person would refuse to touch food if the shadow of a Mohammedan or Christian fell upon it, but she has no objection to a cat sharing her meal.

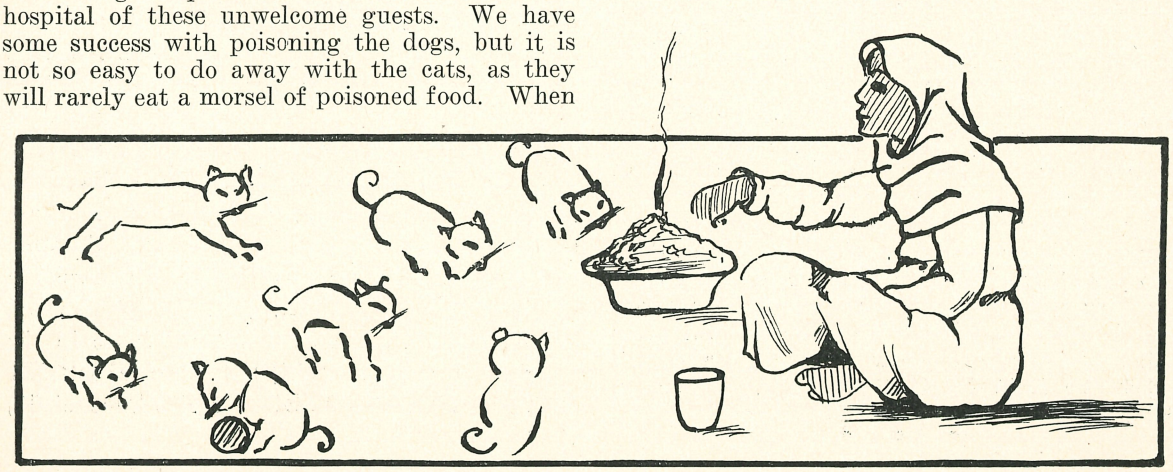
It is a great problem to know how to rid the hospital of these unwelcome guests. We have some success with poisoning the dogs, but it is not so easy to do away with the cats, as they will rarely eat a morsel of poisoned food. When they become too numerous, we catch as many as possible and transport them across the river. It would be much more merciful to drown them, but this the servants absolutely refuse to do. Possibly Indian cats do not eat rats and mice; if they did, they would be very well off for food.

A few days ago the superintendent of the hospital gave an order to the Dome that he should destroy all the cats and dogs in the hospital compound. (The Domes are outcastes of the very lowest type. Their duty is to care for unclaimed dead bodies and also to dispose of dead animals. Although the work of the sweepers is scavenging, a sweeper considers himself far superior to a Dome and would never defile himself by removing a dead animal from the street.) The Domes came as ordered, killed a few dogs, and then were off. I called them back and asked, "What about the cats?" They replied that it was against their religion to kill cats.

"If you will not kill them, you have to catch them and take them across the river," I replied.

They chased the cats for about two hours and did not succeed in catching even one. They came back to me saying that they could do nothing, so the cats would have to stay.

The following day we offered four annas for every cat caught. In the evening one bright young sweeper, Seep Charon, came to us very proudly displaying six pussies in a sack. We praised him very highly for his skill, and he displayed as much pride and satisfaction as a hunter who had just bagged a tiger. The remainder of the cats absconded for a while but are now back again in their own haunts. We shall have to put Seep Charon to work again.



Medical Mission Notes

India

"The average Indian may not expect to live more than 23 or 24 years, while the New Zealander, the Belgian, and the Dutchman may expect to live over 20 years longer. It is not difficult to imagine the vast misery and waste of human effort that lie behind these premature deaths.

"Forty-three per cent of the deaths in India take place among children under five years of age. . . . For every 164 in a 1,000 one-year-old infants that die in India, only 60 die in England, 56 in the United States, 32 in New Zealand, 107 in Japan."—*India's Public Health,* by Rammanohar Lohia in THE SOCIAL ORDER, December 19, 1937.

* * *

"The Public Health Commissioner reports that 44 per cent of all deaths are caused by malarial fever. Aside from the actual deaths, the enervating effects of malaria are annually spread over one-third of the entire population. It has been calculated that one in every three of the population suffers at least once a year from malaria fever. We can imagine the working hours lost and the subsequent weakening of physique. The Public Health Commissioner has also calculated that the total consumption of quinine as a preventive and cure against malaria is only 200,000 pounds today, and thus falls short of the country's requirements by 1,050,000 pounds. Immediately we need a 500 per cent increase in our consumption of quinine. Obviously, any lasting results can only be achieved through reclamation of marshy lands, proper drainage, and quantitatively and qualitatively adequate nutrition."—*India's Public Health,* by Rammanohar Lohia in THE SOCIAL ORDER, December 19, 1937.

Africa

It has been calculated that there are over 200,000 lepers in Nigeria. It is estimated that only three out of every hundred lepers receive medical treatment. In 1897 the African Missionaries established the Sacred Heart Leper Asylum in the Vicariate of Benin, Nigeria. The importance of the Leper Asylum in bringing souls into the Church cannot be overestimated. "It raises the prestige of the Church and earns the good will and respect of the pagans who are drawn to it by works of charity. Through it also the Gospel message is made known to the relations and friends of the inmates. Moreover, practically all admitted are pagans, and after a short time there they always ask for Baptism." THE AFRICAN MISSIONARY, February, 1938.

* * *

"The laying of the corner stone of the Leper Asylum which is being built by the Sovereign Order of Malta has taken place near Axum, on the Selalaca Plain, in Italian East Africa." News Correspondent, February, 1938.

China

"Besides appropriating $30,000 for the relief of our own citizens in distress in China, including the care of these refugees in the Philippines, the American Red Cross made an outright gift of $100,000 for the relief of Chinese civilians in distress. It also handled funds sent to it for the Chinese by sympathizers, amounting to over $50,000. This does not include funds subscribed in the present appeal."—THE RED CROSS COURIER, March, 1938.

* * *

"The Chinese section of St. Luke's Guild of Catholic Doctors sends a world-wide appeal to its international membership for medical equipment for the Catholic hospitals of China, now overburdened by the current conflict."—FU JEN, February, 1938.

Philippine Islands

"A few weeks ago several of our Sisters (Sister Servants of the Holy Ghost, Techny, Ill.) took charge of the new St. Anthony's Hospital, which has a capacity of sixty-five beds. A number of Filipino nurses are also employed. Our graduate native nurses among the postulants and novices will have ample opportunity to follow their profession here and bring back to the Faith many of their erring countrymen."—THE MASTER'S WORK, February, 1938.

General

"There are 229 Catholic doctors, including men and women, exercising their profession and lavishing their devotion on the missions. . . . Almost half of these doctors, 107 out of the 229, work in the missions of China. The province of Hupeh and the valley of the Yang-Tse-Kiang have 28 of these doctors. . . . In India there are 41 Catholic doctors, almost all of whom are established in south India. In Korea and Japan there are 15 doctors attached to the missions; in Siam, 2; and in Palestine, 14. In Africa there are 35 mission doctors, of whom 14 are in the Belgium Congo."—(N.C.) PHILADELPHIA CATHOLIC STANDARD & TIMES, March 18, 1938.

In Our Library

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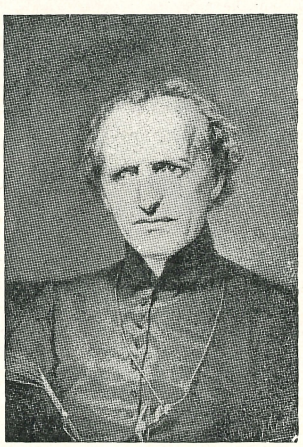
JUXTA CRUCEM. *The life of Basil Anthony Moreau, C.S.C. By Gerald M. C. Fitzgerald, C.S.C. New York: P. J. Kenedy & Sons.* $3.50. *Cloth. Illustrated.* 328 *pages.*

Basil Anthony Moreau, Founder of the Holy Cross Congregation, was born in the little village of Laigne-en-Belin, in France, on February 11, 1799. Early in life it was evident that God was calling him "to be the good shepherd . . . leading his Father's flock."

After the usual courses in philosophy and theology, Father Moreau ascended the altar of God—a priest forever. His superiors recognized his ability to train others, and accordingly sent him to the Sulpician Seminary in Paris to prepare for the task of training priests in the diocesan seminary. In the fall of 1823 Father Moreau began his teaching in the preparatory seminary at Tesse and added to it the work of preaching and the direction of souls. During his less busy hours his Bishop, Monseigneur Carron, often asked him to devote himself to the more immediate needs of the diocese. In spite of these multiple duties, the Bishop found in Father Moreau one always "ready uncomplainingly to sacrifice self for the advancement of the interests of Christ."



Basil Anthony Moreau, C.S.C.

In August, 1835, Father Moreau gathered about him six young priests who had volunteered for the work of which he had long been dreaming, "a company of priests who would raise the standards of teaching in colleges and assist the parish clergy, especially by giving missions and retreats."

That same year Father Moreau, in obedience to his Bishop, accepted the superiorship of the Brothers of Saint Joseph, a community of teaching brothers founded some years previously by the Reverend James F. Dojorie. Father Moreau soon saw the advantages accruing to both the Association of Priests and the Society of Brothers by their union and accordingly he grouped them together as two separate communities forming one congregation—The Association of Holy Cross.

Holy Cross quickly spread from France, its birthplace, to the foreign mission fields of the Church. Father Fitzgerald tells us that Father Moreau had himself "aspired to that divine adventure of the foreign missions." Instead of accepting his offer, however, God willed to use him as the means of supplying many missionaries in the person of the sons and daughters of Holy Cross.

Asked by the Prefect of the Sacred Congregation of Propaganda Fide the disposition of the Association of Holy Cross to the foreign mission apostolate, Father Moreau wrote: "For many years past I, all the priests of the Congregation, the brothers, and the sisters have been prompted by the charity of the Master to accept everything for the salvation of souls that are still in the shadow of death and in the darkness of paganism." "Words," the author tells us, "that might well be held as the proudest heritage and ideal of the Congregation."

Father Fitzgerald gives us a glimpse of the joy and pain that filled the soul of the venerable Founder when the band of seven, headed by Father Edward Sorin, set out for the foreign missions of the United States. From this little group that sailed from Havre in 1841 has grown the present Congregation of Holy Cross, staffing universities and colleges, parishes and mission bands from north to south, from east to west. Today, too, the Holy Cross foreign missions in Dacca, India, are staffed mainly from the Motherhouse of the Congregation at Notre Dame, Indiana.

Tried in the crucible of suffering over a period of years, in the end seeing his life's work about him almost in ruins, Basil M. Moreau yet never lost his trust in God nor his faith in the work God entrusted to him to accomplish. In the succeeding years he alternately tasted joy and sorrow—joy in the approval of the Congregation by the voice of the Vicar of Christ; sorrow in the faithlessness of some whom he had trusted; joy again in the success of his spiritual children; sorrow, for the Angel of Death often visited the houses of Holy Cross. All this was but the preparation for the greater seal of Divine approval that Christ had in store for Basil Moreau; namely, so great a share in the Cross that when Death came to him he would find himself not only no longer head of the community he had founded, but even deserted by almost all his former associates—while the faithful Marianites alone, like the holy women, would stand with him at the foot of his cross.

After having been brought closer to the Source of Father Moreau's strength and his steadfast faithfulness, as portrayed in the pages of "Juxta

Crucem,'' the reader will close the book with the author's wish reechoed in his own soul, that ''some day Holy Mother Church will assure us that the grace of God has woven for Father Moreau a crown of everlasting glory.''

THE LITURGY OF THE CHURCH. *By Dom Virgil Michel. New York. The Macmillan Company.* $2.50.

''Come back to the Liturgy'' is the cry we hear so often these days. What is the Liturgy? In what character and under what forms does this ''public divine worship'' of the Church present itself to the Christian? Dom Michel has answered these questions very completely, breaking down at the same time the narrow belief held by some that the Liturgy is nothing more than an endless collection of formal ceremonies. This book is an exposition of the subject, not a meditative interpretation of the liturgical texts themselves. But if Dom Michel has restrained himself and adhered rather closely to a didactic study of the subject, it is in the hope that we shall go to the true source itself and taste the delights of ''living with the Church'' in the Liturgy.

READINGS AND REFLECTIONS ON THE GOSPELS. *By Reverend Winfred Herbst, S.D.S. New York: Frederick Pustet Co.* $2.50.

The ''Word of God'' as spoken to the Faithful in the Sunday and Holy Day Gospels is presented to us in this book in a very literal but enlightening way. Father Herbst would have us learn to love this spiritual food on which man ''lives,'' and while we admire the beauty and simplicity of *his* explanations we appreciate still more his close adhesion to the text. The running commentary style makes it especially adaptable for the daily meditation.

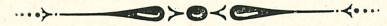
PRIEST AND PEOPLE COOPERATE IN HOLY MASS. *By John J. Wynne, S.J. New York: The Home Press.* 10 *cents.*

This excellent booklet contains the explanations of every act and prayer in the Mass. Its aim is to help the people do their part in the celebration of the Sacred Mysteries.

THE WAY OF THE CROSS. A new text compiled from liturgical and scriptural sources. The Popular Liturgical Library. Series 111, No. 7. The Liturgical Press, Collegeville, Minn. Five cents. Discount in lots.

MASS OF THE ANGELS. Separate and revised reprint from the *Parish Kyriale.* Popular Liturgical Library, Series 111, No. 9. The Liturgical Press, Collegeville, Minn. Five cents. Discount in lots.

CHRISTIAN DENOMINATIONS. By Rev. Virgilius H. Krull, C.PP.S. A brief history of 250 pages of the various Christian Denominations. Order direct from author: Rev. V. H. Krull, C.PP.S., 307 North Locust Street, Ottawa, Ohio. $1.00.



''If we permit big business to conquer Asia and Africa, without the faith-giving, the civilizing, and cultural advantages of Christianity, then we must be held accountable for the growth of irreligion and materialism throughout the world. Never in the history of mankind have there been greater opportunities for establishing Christ's Church. Means of travel, with airplanes, automobiles, steamships, electrical locomotion, were never easier nor quicker, and by the rapid means of communication in the mail, telegraph, wireless, and radio, we have auxiliaries ministering in no small degree to make effective the zeal and courage of the missionary.''

VERY REV. MSGR. MICHAEL J. READY,
Executive Secretary of the National Catholic Welfare Conference.

(Taken from *The Christian Family,* March, 1938)

R. I. P.

Please pray for the repose of the souls of—

Rev. George Blatter, Chicago, Ill.
Sister Mary Wilhelmina, Hartford, Conn.
Admiral Cary T. Grayson, Washington, D. C.
Mr. James O. Mahoney, Norwich, Conn.
Miss Ann McDermott, Ballendrait, Co. Donegal, Ireland
Miss Mary A. McCallion, Tironeil, Co. Donegal, Ireland
Miss Katherine Ryan, Hartford, Conn.
Mr. Louis J. Reilly, Bridgeport, Conn.
Mrs. Catherine Coleman, Waterbury, Conn.
Mrs. Josephine Spragne, Washington, D. C.
Mlle. M. Vignard, Lyons, France

Eternal rest give unto them, O Lord.
And let perpetual light shine upon them.
May they rest in peace. Amen.

Kindly send the names of recently deceased subscribers, friends and benefactors for inclusion in this obituary.

St. Joseph's Page

Thanks!

—For the many contributions to the Motherhouse Fund—large and small.

—For bricks and mite-box returns from the schools and mission units.

—For the donations in money and materials from the various mission circles.

—For the boxes of drugs, yarn and thread, linens, stamps, and various other items from schools, hospitals, and individuals.

—For the magazines for our library.

—For the new subscriptions to THE MEDICAL MISSIONARY, as well as the renewals from our old subscribers.

—For the prayers and good wishes from all sides.

* * *

St. Joseph, pray for us.

Please!

What do we need for the coming months?

—Prayers.

—Bricks and more bricks for the new Motherhouse.

—Stringless gifts for the education of our Sisters.

—Contributions of fancy work and other items for our annual bazaar.

—Garden implements, seeds, and plants.

* * *

A Letter of Thanks

When Brother André, the great servant of St. Joseph, died last year, we had an article about his life and death in THE MEDICAL MISSIONARY. Some Sisters in Germany who read it wrote to us asking us to join with them in a novena to Brother André for some need which was most desperate and urgent. Recently we received a letter from them, of which we quote a few lines:

"Perhaps you will remember when we asked you to pray with us to Brother André for an almost impossible favor. We made the novena, and shortly after we received the answer to our request. Now we want you to know that our prayers were granted, and would like you to publish our thanks."

* * *

Brother André, pray to St. Joseph for us!

Our Young Helpers

Here is a letter from one of our young helpers in the third grade of St. Mary's School, New London, Connecticut:

"Dear Sisters:

"We are saving for the missions. The boys got $6.42 and the girls got $6.25. We are buying babies. The babies cost $5.00. The boys named their baby Francis Patrick because the Sister that we are sending the mission money to is named Sister Francis Patrick. The girls called their baby Mary Ann because Mary is Jesus's mother and Ann is Mary's mother. We are going to have an Indian village. . . .

"ROBERT FLANAGAN."

What Can I Do for the Missions?

To send a Sister from Washington, D. C., to one of our missions in India costs a minimum of $300.00. And that is traveling as economically as possible. *It is a distance of* 12,000 *miles; which means that the fare is approximately three cents a mile.*

We sent three Sisters to India and one to our house in England within the past few months. The passage of one Sister to India was paid for by a generous benefactor who wishes to remain unknown. Part of the passage of another was raised by means of appeals. The rest of the money had to be borrowed from other funds. The answer to the above question is: HELP PAY THE PASSAGE OF A MEDICAL MISSIONARY TO THE MISSION FIELD.

Wanted
500,000 BRICKS

for

The New Medical Mission House

TEN BRICKS FOR ONE DOLLAR—HOW MANY WILL YOU CONTRIBUTE?

Enclosed please find $ . . . . . for the purchase of . . . . . bricks for the New Motherhouse.

Sincerely yours,

Name . . . . . .

Address . . . . . .

. . . . . .

Please send contributions to:

SISTER SUPERIOR
MEDICAL MISSION HOUSE, BOX 4405, BROOKLAND STATION,
WASHINGTON, D. C.